

For Office Use Only # _____



COUNTY of SUSSEX

RESIDENTIAL CONSTRUCTION APPLICATION

Date _____

Applicant's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

State License No: _____ Specialty: _____ Class: _____ Expiration Date: _____

Telephone Number: (____) _____ (Work) (____) _____ (Home) (____) _____

Property Owner: _____ Location of Work: _____

Phone Number: _____ Email Address: _____

District: _____ Tax Parcel ID Number: _____

← (Please Indicate the Number of Rooms, etc. for the following): →

BEDROOMS ____ DEN/GR RM ____ UTILITY RM ____ CARPORT ____ EXTERIOR ____
BATHROOMS ____ DINING RM ____ FOYER ____ PORCHES ____ HEAT TYPE ____
LIVING RM ____ KITCHEN ____ GARAGE ____ STUDY ____
STORAGE ____ DECK(S) ____ BASEMENT ____ FIREPLACES ____

GROSS AREA _____ TOTAL VALUE OF CONSTRUCTION \$ _____

MECHANIC LIEN AGENT:	DESCRIPTION: ____ Story SFD/MODULR/GAR APT ____ On Frame ____ Off Frame *Please include sq. footage for each item checked
NAME:	<input type="checkbox"/> Garage <input type="checkbox"/> Screened Porch
ADDRESS:	<input type="checkbox"/> R.O.G. <input type="checkbox"/> Front Porch
	<input type="checkbox"/> Front Deck <input type="checkbox"/> Back Porch
	<input type="checkbox"/> Back Deck <input type="checkbox"/> Covered Porch
PHONE NO. (____) -	<input type="checkbox"/> Side Deck <input type="checkbox"/> Basement
(____) NO MLA DESIGNATION	<input type="checkbox"/> Patio Deck <input type="checkbox"/> Detached Garage

In accordance with Chapter 1, Article 1, Sections 108.0 and 109.0 of the Virginia Uniform Statewide Building Code, the following information contained on the back of this sheet is an integral part of this application and shall be submitted prior to commencing Plan Review.

*** **See Back of Application for Checklist** ***

P. O. Box 1397 • Sussex, VA 23884 • Area Code 434/246-4390 • FAX 246-8259

Residential Building Permit Application Required Information

	Submitted	
	<u>Yes</u>	<u>N/A</u>
Private Sewage Disposal System Permit		
Zoning Permit or Waiver (must have one or the other)		DO NOT USE
Water Tap Fee receipt		
Sewer Tap Fee Receipt		
Footing & Foundation Plan		
Footing & Foundation Details		
Floor Plans (First floor, Second floor, Third floor)		
Framing Plans (First, Second, Ceiling, Roof)		
Deck Framing Plan & Details		
2 – Sets of complete construction documents and plans		DO NOT USE

I _____ hereby certify all documents indicated above are included with this application. If after review the application is deemed incomplete I will be assessed a \$50.00 re-review fee that shall be paid prior to processing the application and issuance of the permit.

Signature: _____ Date: _____

GENERAL CONTRACTOR:	ADDRESS:
VA.STATE LICENSE NUMBER:	
CLASS / EXPIRATION:	COST ESTIMATE: \$

MECHANICAL CONTRACTOR:			
VA.STATE LICENSE NUMBER:		ADDRESS:	
CLASS / EXPIRATION:			
OPERATING DATA	BTU RATING	FUEL TYPE	COST ESTIMATE: \$

PLUMBING CONTRACTOR:	ADDRESS:
VA. STATE LICENSE NO:	
CLASS / EXPIRATION:	COST ESTIMATE: \$

ELECTRICAL CONTRACTOR:	ADDRESS:
VA. STATE LICENSE:	
CLASS / EXPIRATION:	COST ESTIMATE: \$

SHRINK SWELL SOIL DISCLOSURE

I (WE) HAVE, OR MY (OUR) CONTRACTOR HAS APPLIED FOR A BUILDING PERMIT TO ERECT A BUILDING IN SUSSEX COUNTY, VIRGINIA.

THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE SECTION R.401.4 LIST SUSSEX COUNTY ALONG WITH MANY OTHER LOCALITIES IN THE STATE OF VIRGINIA AS HAVING A **20%** OR GREATER POTENTIAL FOR SHRINK SOIL IN THIS LOCALITY.

I (WE) HAVE BEEN INFORMED BY THE SUSSEX COUNTY BUILDING INSPECTIONS DEPARTMENT OF THE POSSIBILITY THAT SHRINK SWELL SOIL MAY EXIST ON MY (OUR) BUILDING SITE. I (WE) HAVE ALSO BEEN ADVISED OF THE NATURE OF THE DAMAGE THE PRESENCE OF SHRINK SWELL SOIL MAY CAUSE TO A BUILDING, TO INCLUDE FOOTING FAILURE, FOUNDATION FAILURE AND RESIDENTIAL STRUCTURAL DAMAGE.

I (WE) HAVE FURTHER BEEN ADVISED BY THE SUSSEX COUNTY BUILDING INSPECTIONS DEPARTMENT THAT I (WE) SHOULD CONSULT A PROFESSIONAL ENGINEER FAMILIAR WITH SHRINK SWELL SOIL TO DESIGN MY (OUR) FOOTING AND FOUNDATION. BY SIGNING THIS DOCUMENT, I (WE) AGREE THAT SUSSEX COUNTY AND/OR ITS OFFICIALS WILL BE HELD HARMLESS FOR ANY AND ALL STRUCTURAL FAILURES OR OTHER DAMAGES I (WE) MY INCURE BECAUSE OF THE PRESENCE OF SHRINK SWELL SOIL SHOULD I (WE) DECIDE TO BUILD ON THE SITE IN QUESTION.

DONE THIS _____ DAY OF _____, _____, IN THE COUNTY OF SUSSEX.

OWNER _____ DATE _____

OWNER _____ DATE _____

WITNESS _____ DATE _____

WITNESS _____ DATE _____

PROPERTY OWNER'S AFFIDAVIT

I, _____, of (address) _____, affirm that I am the owner of a certain tract or parcel of land located at: _____ and that I have applied for a building permit. I affirm that I am familiar with the prerequisites of Section §54.1-1111 of the Code of Virginia, as amended, and I am not subject to licensure as a contractor or subcontractor.

I am fully aware that any permit (building, mechanical, plumbing or electrical) issued to me pursuant to the application to which this affidavit is attached is valid only if I, personally perform the work for which the permit(s) is/are issued OR am personally supervising my employees, who must have the necessary licensure if required by law to perform such work. Allowing a person other than myself, employee(s), who, when required by law, must have the necessary licensure to perform such work under my supervision, to perform the work covered by this permit(s) shall immediately void the permit(s) and subjects me as well as the non-employee and/ or unlicensed employee, when licensure to perform the work is required by law, to possible criminal charges for failure to obtain a building permit.

(Affiant)

Signed and acknowledged by _____, in the County of Sussex, VA on the _____ day of _____, 2009, in the presence of the undersigned witness.

My commission expires _____.

My registration number is _____.

NOTARY PUBLIC

§54.1-1111 Prerequisites to obtaining building, etc. permit – Any person applying to the building inspector or any other authority of a county, city or town in this Commonwealth, charged with the duty of issuing building or other permits for the construction of any building, highway, sewer or structure, or any removed, grading or improvement shall furnish prior to the issuance of the permit, either (i) satisfactory proof to such inspector or authority that he is duly licensed or certified under the terms of this chapter to carry out or superintend the same, or (ii) file written statement, supported by an affidavit, that he is not subject to licensure or certification as a contractor or subcontractor pursuant to this chapter.

It shall be unlawful for the building inspector or other authority to issue or allow the issuance of such permits unless the applicant has furnished his license or certificate number issued pursuant to this chapter or evidence of being exempt from the provisions of this chapter.

The building inspector, or other such authority, violating the terms of this section shall be guilty of a Class 3 misdemeanor. (Code 1950, 54-138; 1970, c. 319; 1980, c. 634; 1988, c. 765, 1990 c. 911; 1991, c. 151; 1992, c. 713; 1995, c. 771; 1998, c. 754.)

Cross references. As to punishment for Class 3 misdemeanors, see §18.2-11

The 1998 amendment, in the first paragraph, in the first sentence, in the clause (ii) inserted "or" following "certification as a contractor," and deleted "or owner-developer" following "subcontractor."

I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations of the Uniform Statewide Building Code and all applicable Ordinances.

Signature (*) _____ DATE _____

Fee: \$75.00
Acreage: _____
Zoning District: _____
Tax Map Number: _____



Sussex County Planning Department
Post Office Box 1397
20209 Thornton Square
Sussex, Virginia 23884
Phone: 434-246-1043
Fax: 434-246-8259

Zoning Application

SITE OR PLOT PLAN- FOR APPLICANT USE	
<p>Show Setbacks from all four property lines</p> <div><div>Left Side</div><div><div>←</div><div>STRUCTURE</div><div>→</div></div><div>Right Side</div></div> <div><div>Rear</div><div>↑</div><div>STRUCTURE</div><div>↓</div><div>Front</div></div>	

Proposed Use:

{Example: Single Family Dwelling, Single-wide manufactured home, double-wide, modular, etc.}

Setbacks: Front: _____ft Back: _____ft Right: _____ft Left: _____ft

FOR OFFICIAL USE ONLY:

Zoning Classification: _____

ZONING ADMINISTRATOR

DATE



Sussex County Planning Department
Post Office Box 1397
20209 Thornton Square
Sussex, Virginia 23884
Phone: 434-246-1043
Fax: 434-246-8259

Address Application

Fee: \$10.00

Site Information	Applicant Information	Reference Information:
Owner Name:	Name:	Addresses for Adjacent Properties:
Lot Number:	Mailing Address:	Left: _____
Street:	City State Zip:	Right: _____
Parcel Tax Number:	Phone:	Check One: <input type="checkbox"/> Public Water <input type="checkbox"/> Private Water/Septic

Site Plan:

Each application must include a sketch of the lot showing the building or structure to be addressed. Please attach a copy of the most recent survey plat of the lot or parcel in question.

Signed

Date: